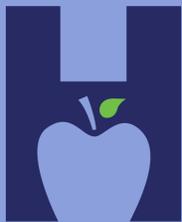


# Canadian County Health Department Strategic Plan 2016-2021



Canadian County  
Health Department



El Reno



Yukon

Adopted January 13, 2016

Revised June 24, 2020

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## ***MISSION***

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Canadian County residents can be healthy.

## ***VISION***

Creating a County of Health

## ***VALUES***

**Leadership** - To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

**Integrity** - To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, and operations.

**Community** - To respect the importance, diversity, and contribution of individuals and community partners.

**Service** - To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

**Accountability** - To competently improve the public's health on the basis of sound scientific evidence and responsible research.

# Executive Summary

In September of 2015, the Canadian County Health Department (CCHD) convened a Strategic Planning Team (SPT) to participate in the strategic planning process. SPT members consisted of: the Administrative Director, the Accreditation Coordinator, Health Educators, the District Nurse Manager, the Business Manager, Sanitarians, front office staff, Wellness staff, the Local Emergency Response Coordinator, and the Turning Point Consultant. This team was responsible for gathering all data to be used during the planning process, including: community Health Assessment data, Community Health Improvement Plan objectives and strategies, Oklahoma State Health Improvement Plan objectives, and current strategic plan goals outlined in the Oklahoma State Department of Health's Strategic Plan. This information, gathered from all levels of internal staff and community partnerships, provided the foundational data necessary for strategic planning.

With this information, the SPT began a series of five meetings focused on identifying the CCHD's strategic issues and how to address them. During the process, the SPT conducted a SWOT analysis to determine the health department's strengths, weaknesses, opportunities, and threats. The SPT reviewed the foundational data and participated in an Affinity Diagram exercise to help identify the strategic issues. Subsequent meetings focused on developing objectives for addressing the strategic issues and strategies for measuring performance towards improvement of each objective. Objectives were developed in accordance with SMART criteria (Specific, Measurable, Attainable, Relevant, and Time-bound). The local Board of Health was informed of the process and received periodic updates of progress from the Administrative Director.

Over the planning period, each meeting built on the progress from the last and was supplemented by information developed between meetings through electronic communications and face-to-face consultations. The final draft of the Canadian County Health Department Strategic Plan 2016-2021 was approved on January 13, 2016. The process then began to develop programmatic objectives to further align CCHD objectives with those of the community, state, and nation. This clear alignment is important because it facilitates a unified approach to public health efforts for CCHD and the Oklahoma State Department of Health (OSDH). It also helps employees understand the mission and vision of our agency and the part they play within it.

The strategic issues identified by the SPT were:

- Chile Health
- Obesity Prevention
- Tobacco Prevention

This strategic plan is not a detailed report of all services provided through CCHD. It is a guide for our efforts through 2021 to make the largest and most efficient improvements to public health indicators in Canadian County. The CCHD will review and update the plan to monitor progress towards achieving its objectives.

# Public Health Priority Issues

## Issue One

### Child Health

According to the latest National Survey of Children's Health (NSCH) by the U.S. Department of Human Services, children are generally healthy and receive regular health care. In Oklahoma, 84.4% of children were reported to be in excellent or very good health, 92.7% had health insurance, and 80.4% received an annual preventive health care checkup. 74.4% of children aged 0-5 years were reported to have every been breastfed, and 92.9% of school-aged children miss 11 days or less of school each year due to illness.<sup>1</sup> However, there is still room for improvement.

The 2014 State of the State's Health Report indicated infant mortality in was 5.4 per 1,000 births compared to the state at 7.6 and the nation at 6.1, earning a grade of "B." This was a 34% improvement from 2011. The 2014 Report also indicated 7.6% of babies were born with low birth weight, compared to the state at 8.4% and the nation at 8.1%, earning a grade of "C."

Responses to the 2013 Integris Canadian Valley Hospital Survey indicated:

- 74.7% reported obesity in



- children
- 60.3% reported tobacco use among children
- 64.9% reported underage drinking
- 60.4% reported bullying among youth
- drug use among youth was identified as the 4th most important community health risk

According to the Kids Count Data Center:

- child and teen death rates for ages 15-19 increased 23.4%
- high school dropout rate increased 10.1%
- confirmed child abuse and neglect cases totaled 226, a rate of 8 per 1,000

The Forces of Change Focus Group identified various tobacco issues and their possible impact on children as a community issue. Specifically, there were concerns that the state law restrictions on tobacco control could contribute to the increased use of e-cigarettes within the smoking population, particularly children. Threats to addressing this issue included: inability to pass preemption legislation at the state level, preventing stricter regulations against use of tobacco and e-cigarettes; the "appeal" of the e-cigarette to youth as another electronic device that is "cool to use." Opportunities created by this issue included: passing of preemption could lead to stricter regulation that could keep e-cigarettes out of the hands of youth.

1. "Oklahoma Report from the National Survey of Children's Health." NSCH 2011/2012. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 11/10/2015 from [www.childhealthdata.org](http://www.childhealthdata.org).

# Child Health

## Objectives:

- By 2021, decrease infant mortality rate from 5.4 per 1,000 to 4. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)
- By 2021, decrease the teen fertility rate from 13.9 per 1,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

## ACCOMPLISHED

- By 2021, improve the combined<sup>2</sup> (4:3:1:3:3:1:4) vaccine series completion rate for children from 62.4% to 73.3%. (State rate in 2014 as reported by CDC<sup>3</sup>) (As reported by the Oklahoma State Department of Health, Prevention & Preparedness Services Division, Immunization Services)
- By 2021, decrease the low birth weight rate from 7.6% to 5.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)
- By 2021, decrease unintentional injury mortality rate for ages 19 and under from 14.7 per 100,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics<sup>4</sup>)

Strategy 1: By 2021, increase participation in Children First (C1) Program from 50 to 70. (*Healthy People 2020 Maternal, Infant, and Child Health; Canadian CHIP Issue One; OSDH Strategic Map A-4; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health; Canadian CHD Quality Improvement*)

- Recruit greater participation
- Increase public awareness of the program
- Hire an additional C1 nurse

Strategy 2: Community Engagement (*Healthy People 2020 Maternal, Infant, and Child Health; Canadian CHIP Issue One; OSDH Strategic Map B-3; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health*)

- Through 2021, hold annual community Baby Shower to promote healthy pregnancy and infant health. Provide education about Safe Sleep, child immunizations, and proper use of child car seats.
- Through 2021, host Infant Crisis Services' Baby Mobile at every opportunity to provide food, formula and diapers to families in crisis with children ages zero to four.
- Through 2021, participate in active community engagement through the Canadian County Coalition for Children & Families.
- Hire breastfeeding peer counselor(s) for El Reno office.
- Increase awareness of evidence based benefits of breastfeeding for duration of infancy.

2. The combined (4:3:1:3:3:1:4) vaccine series includes  $\geq 4$  doses of DTaP,  $\geq 3$  doses of poliovirus vaccine,  $\geq 1$  dose of measles-containing vaccine, full series of Hib vaccine ( $\geq 3$  or  $\geq 4$  doses, depending on product type),  $\geq 3$  doses of HepB,  $\geq 1$  dose of varicella vaccine, and  $\geq 4$  doses of PCV.
3. Centers for Disease Control and Prevention. National, State, and Selected Local Area Vaccination Coverage Among Children Aged 19-35 Months - United States, 2014. *Morbidity and Mortality Weekly Report* 2014;64(33):889-896.
4. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012 to 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 30NOV2015:15:59:06.

- Through 2021, collaborate with community partners to provide annual car seat safety events to educate on the proper use of child car seats and their benefits.
- Through 2021, support community partners to provide coordinated messaging about suicide prevention.
- Other activities and opportunities as they become available.

Strategy 3: Sex Education in School Systems *(Healthy People 2020 Family Planning; Canadian CHIP Issue One; OSDH Strategic Map F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health)*

- Through 2021, approach every school system administration annually to ask for the opportunity to provide sex education to their student body.

Strategy 4: Sex Education to General Public *(Healthy People 2020 Family Planning; Canadian CHIP Issue One; OSDH Strategic Map F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health)*

- Through 2021, approach other venues representing the potential for sexually high risk populations and ask for the opportunity to provide sex education to their clients.

**Strengths:**

- Measurement of child growth and development.
- Lead screening.
- Children First program.
- Child immunization program.
- CATCH Kids' Club.
- Family Planning services and supplies.
- School health education services.
- Staff to provide sex education.
- Child Guidance services.

**Weaknesses:**

- Service restrictions within Children First program.
- Shortage of staff. Need additional C1 nurses to fulfill Strategy 1.

**Opportunities:**

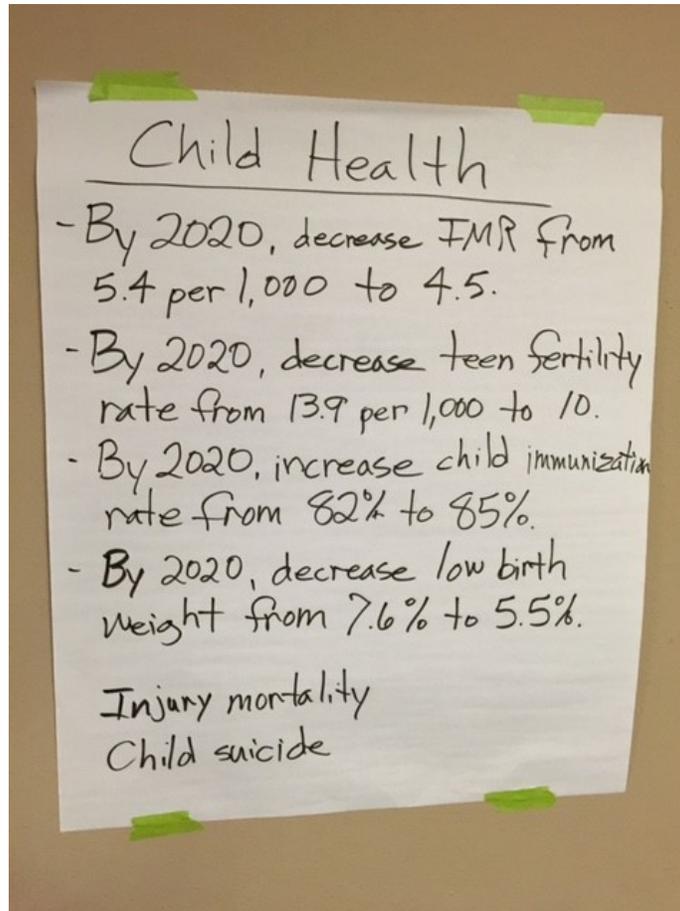
- Canadian County Coalition for Children & Families.
- Sooner Start with Oklahoma Department of Education.
- Smart Start Oklahoma.
- Sooner SUCCESS with the OU Health Sciences Center.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with the United States Department of Agriculture.

**Threats:**

- Community perception concerning immunizations, family planning services, sex education, suicide prevention, and physical activity and nutrition concepts in general.
- WIC funding can be cut by federal government shutdowns.
- Federal government stopping Title X Family Planning funding.
- Projected Oklahoma State Department of Health budget cuts.

**Key support functions required**

- Information Management: No issues identified.
- Workforce Development: Need additional C1 nurses to fulfill Strategy 1.  
Hire breastfeeding peer councilor(s) for El Reno Office.
- Communication and Branding: No issues identified.
- Financial Sustainability: Possible negative impact from future budget concerns, particularly Title X Family Planning funding being cut.



# Obesity Prevention

Other public health reports indicated

According to the Centers for Disease Control and Prevention, obesity is common, serious and costly. In 2009-2010, more than one-third of U.S. adults (35.7%) were obese. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.<sup>5</sup> In Oklahoma, the estimated medical cost of obesity in 2014 was \$1.72 billion.

According to the 2014 State of the State's Health Report, Oklahoma had the 6th highest obesity rate in the nation.<sup>6</sup> It increased from one in seven adults in 1995 to one in three in 2010.

Obesity is associated with increased early mortality. Excess weight increases the risk of developing chronic disease such as heart disease, stroke, diabetes, and some cancers.<sup>7</sup>

As a person's Body Mass Index (BMI) increases, so does the number of sick days, medical claims, and

health care costs.<sup>8</sup>

In 2013, 12% of Oklahoma youth were obese and 15% were overweight.<sup>9</sup> Only 37% of high school students had a physical education class at least once per week, and only 31% had daily physical education.<sup>10</sup> Obesity can increase a child's risk for a range of health problems and negatively impact his/her mental health and school performance.<sup>11,12</sup>

The 2014 State of the State's Health Report indicated an obesity rate for Canadian County of 31.7%, compared to the state at 32.2% and the nation at 27.6%, earning a grade of "D." The Report also indicated rates for the following contributing risk factors and behaviors:

- minimal fruit consumption, 50.3% ("F")
- minimal vegetable consumption, 24.9% ("D")
- no physical activity, 26.9% ("D")



similar statistics (e.x., Robert Wood Johnson County Health Rankings & Roadmaps, Community Health Needs Assessment Report, CDC

Community Health Status Indicators, etc.).

Canadian County residents appear to be aware of this significant issue. Within the Community Health Assessment, the community identified "being overweight," "poor eating habits," and "lack of exercise" among its most important risk behaviors.

5. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Available at [www.cdc.gov/obesity/data/adult.html](http://www.cdc.gov/obesity/data/adult.html).
6. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, 2012.
7. Galuska, D.A. and Dietz, W.H. (2010). Obesity and Overweight. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp. 269-290). Washington, DC: American Public Health Association.
8. The Robert Wood Johnson Foundation, the American Stroke Association, and the American Heart Association. A Nation at Risk: Obesity in the United States, a Statistical Sourcebook. Dallas, TX: American Heart Association, 2005.
9. Oklahoma State Department of Health (OSDH), Center for Health Statistics, health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
10. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - Unites States 2010. MMWR Surveillance Summaries 59, no.SS05 (2010).
11. W.H. Dietz. Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease. Pediatrics 1010, no 3 (1998): 518-525.
12. A. Datar and R. Strum. Childhood Overweight and Elementary School Outcomes. International Journal of Obesity 30, (2006): 1449-1460.

# Obesity Prevention

## Objectives:

- By 2021, decrease the rate of adult obesity from 31.7% to 27.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2021, decrease the rate of reported minimal fruit consumption (<1/day) from 50.3% to 37.1%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2021, decrease the rate of reported minimal vegetable consumption (<1/day) from 24.9% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data) **ACCOMPLISHED**
- By 2021, decrease the rate of reported "no physical activity" from 26.9% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)

Strategy 1: **Education** (*Healthy People 2020 Nutrition and Weight Status; Canadian CHIP Issue Four; OSDH Strategic Map A-2 and F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity*)

- Through 2021, annually conduct two-to-four health fairs.
- Through 2021, annually present to all 4th and/or 5th grade facilities on the topic of obesity. This will include effects of obesity and benefits of weight reduction and management.
- Through 2021, continue to offer nutrition education to clients in WIC clinics, maternity programs, family planning sessions, and other opportunities as identified.
- Hire breastfeeding peer counselor(s) for El Reno Office.
- Increase awareness of evidence based benefits of breastfeeding for duration of infancy.

Activities for this strategy may include, but are not limited to:

- ◆ Promote nutrition classes offered through community partners such as OSU Extension.
- ◆ Provide healthy recipe cards to those who get food from local food pantries.
- ◆ Partner with community organizations to plan and implement obesity education presentation.
- ◆ Health educators, dental educators, and school nurses continue providing health education in the public schools at every opportunity.

Strategy 2: **Nutrition** (*Healthy People 2020 Nutrition and Weight Status; Canadian CHIP Issue Four; OSDH Strategic Map A-2 and F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity*)

- By 2021, improve nutritional profile of healthy foods available to Canadian County residents.

Activities for this strategy may include, but not be limited to:

- ◆ Partner with grocery stores to provide fruit/vegetable taste testing and lower cost produce.
- ◆ Increase number of convenience stores offering fresh fruits and vegetables.
- ◆ Increase use of Regional Food Bank's Backpack Program and food pantry program.
- ◆ Increase number of community and school gardens.
- ◆ By 2017, establish a community garden at Canadian County Health Department in Yukon.

**Strategy 3:** **Physical Activity** (*Healthy People 2020 Nutrition and Weight Status and Physical Activity; Canadian CHIP Issue Four; OSDH Strategic Map A-2 and F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity*)

- By 2021, increase access to safe and affordable physical activity opportunities.
- By 2021, increase the number of schools that use the Coordinated Approach to Child Health (CATCH) program from zero (0) to two (2). CATCH promotes physical activity and healthy food choices in preschool through middle school aged children and their families. Over 120 peer reviewed scientific publications support the effectiveness of CATCH in increasing physical activity and health eating<sup>13,14</sup> and reducing overweight and obesity.<sup>15,16,17</sup>

Activities for this strategy may include, but are not limited to:

- ◆ Increase number of schools that implement and sustain Walking School Buses, and that participate in the International Walk/Bike to School Day.
- ◆ Organize walking/biking clubs in each municipality.
- ◆ Increase number of schools that participate in the Healthy Living Program.
- ◆ Increase number of schools that apply and implement the “Fuel Up To Plan 60” grant.
- ◆ Partner to host free physical activity events.
- ◆ Increase number of municipalities that pass ordinances to have new housing developments require sidewalks.

#### **Strengths:**

- Health educators, dental educators, and school nurses to provide physical education.
- Nutrition education provided in WIC clinics, maternity programs, and family planning sessions.
- Funding from TSET Wellness Grant.

#### **Weaknesses:**

- Communication and coordination challenges between county health department efforts and central office efforts.
- Difficulty obtaining current obesity data for progress comparison.
- Do not collect county-specific data for youth obesity.

13. Luepker RV, Perry CL, McKinlay SM, et al. Outcomes of a field trial to improve children’s dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *J Am Med Assoc.* 1996; 275:768-776.
14. Nader P, Stone EJ, Lytle LA, et al. Three year maintenance of improved diet and physical activity: the CATCH cohort. *Arch Pediatr Adolesc Med.* 1999;153(7):695-704.
15. Coleman KJ, Tiller CL, Sanchez MA, et al. Prevention of the epidemic increase in child risk of overweight in low-income schools: the El Paso coordinated approach to child health. *Arch Pediatr Adolesc Med.* 2005;159:217-222.
16. Hoelscher DM, Kelder SH, Perez A, et al. Changes in the regional prevalence of child obesity in 4th, 8th, and 11th grade students in Texas from 2000-2002 to 2004-2005. *Obesity.* 2010;18(7):1360-1368.
17. Hoelscher DM, Springer AE, Ranjit N, et al. Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. *Obesity.* 2010;18(S1):S36-44.

## Opportunities:

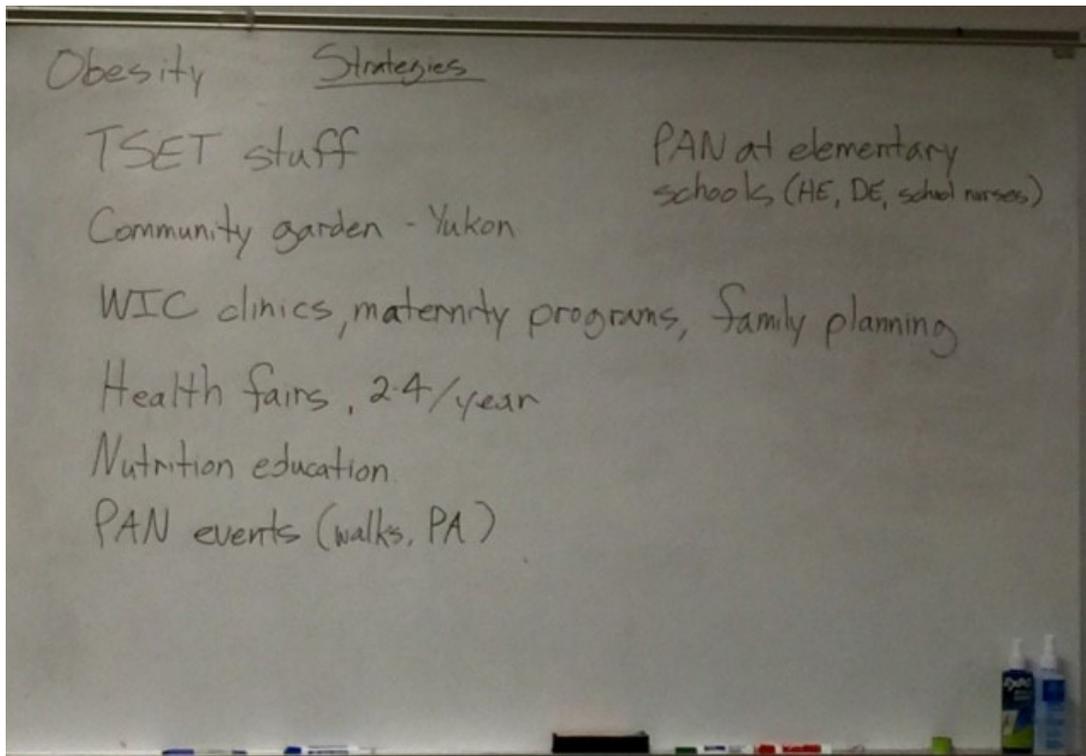
- Canadian County Coalition for Children & Families.
- Cheyenne & Arapaho Tribes.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with the United States Department of Agriculture.

## Threats:

- Community perception concerning immunizations, family planning services, sex education, and physical activity and nutrition concepts in general.
- WIC funding could be cut by federal government shutdowns.
- Federal government could stop Title X Family Planning funding.
- TSET endowment could be raided for other state budget uses.
- Projected Oklahoma State Department of Health budget cuts.

## Key support functions required

|                             |  |
|-----------------------------|--|
| Information Management:     | Need timely and relevant data.   |
| Workforce Development:      | Hire breastfeeding peer councilor(s) for El Reno Office.   |
| Communication and Branding: | Coordination between county assets and central office assets.  |
| Financial Sustainability:   | Possible negative impact from future budget concerns, particularly if TSET endowment is raided for other uses and impacts upon Wellness Grant funding. |



# Tobacco Prevention

Cigarette smoking harms every organ of the body, causes many diseases, and reduces the health of smokers in general.<sup>18,19</sup> It causes more than 480,000 deaths each year in the United States; nearly one in five deaths.<sup>18,19,20</sup> More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States during its history.<sup>18</sup>

Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers. It contains more than 7,000 chemicals. Hundreds are toxic and about 70 can cause cancer.<sup>21,22,23,24</sup> Since the 1964 Surgeon General's Report, 2.5 million adults who were nonsmokers died because they breathed secondhand smoke.<sup>21</sup>

Oklahoma now ranks 40th among all

|  |  |                           |                       |
|--|--|---------------------------|-----------------------|
| <br>Free help |  | Oklahoma Tobacco Helpline |                       |
|  |  | <b>1 800</b>              | <b>QUIT NOW</b>       |
|  |  | <b>784-8669</b>           | <b>OKhelpline.com</b> |

states for adult smoking, a significant improvement from last year's ranking of 46th. This improved ranking is a result of Oklahoma's smoking percentage dropping to 21% in 2014, which is a new historic low rate for Oklahoma. According to the 2014 State of the State's Health Report, Canadian County's adult smoking prevalence is 21.1%. This compares favorably to the state but is significantly higher than the national benchmark of 13%.

The 2014 State of the County's Health Report showed the combination of bronchitis/emphysema/asthma as the 9th leading cause of death for

ages 45-54; and the 3rd leading cause of death for ages 55-64, 65+, and for all ages combined. Of concern were other types of tobacco use, such as smokeless tobacco and e-cigarettes.

Tobacco prevention, education and cessation are priorities for the Canadian County Health Department. We hope to see success in other areas of tobacco prevention, such as specific populations, smokeless tobacco use, youth tobacco rates, and electronic cigarettes.

18. U.S. Department of Health and Human Services. The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Oct 5].
19. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health, 2010 [accessed 2015 Oct 5].
20. Centers for Disease Control and Prevention. QuickStats: Number of Deaths from 10 Leading Causes - National Vital Statistics System, United States, 2010. Morbidity and Mortality Weekly Report 2013;62(08):155. [accessed 2015 Oct 5].
21. U.S. Department of Health and Human Services. Let's Make the Next Generation Tobacco-Free: Your Guide to the 50th Anniversary Surgeon General's Report on Smoking and Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2014 Mar 5].
22. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2014 Mar 5].
23. U.S. Department of Health and Human Services. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2014 Mar 5].
24. U.S. Department of Health and Human Services. The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2014 Mar 5].

# Tobacco Prevention

## Objectives:

- By 2021, decrease adult smoking rate from 21.1% to 19%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data). **ACCOMPLISHED**
- By 2021, decrease Youth 30 Day Cigarette Use rate among high school seniors from 22.1% to 16.3%. (State rate in 2014 Oklahoma Prevention Needs Assessment) (As reported by the Oklahoma Prevention Needs Assessment). **ACCOMPLISHED**

Strategy 1: 1 800 QUIT NOW *(Healthy People 2020 Tobacco Use; Canadian CHIP Issue Five; OSDH Strategic Map A-2 and A-4; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Tobacco Use; Canadian CHD Quality Improvement Project)*

- By 2021, increase the number of QUIT NOW referrals from 640 to 700.

Strategy 2: Education *(Healthy People 2020 Tobacco Use; Canadian CHIP Issue Five; OSDH Strategic Map A-2 and F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Tobacco Use; Canadian CHD Quality Improvement Project)*

- Through 2021, annually present to all 4th and/or 5th grade school facilities about dangers of tobacco/smoking/e-cigarettes
- Through 2021, promote participation in youth tobacco surveys to all school administrations

Strategy 3: Certified Healthy Oklahoma *(Healthy People 2020 Tobacco Use; Canadian CHIP Issue Five; OSDH Strategic Map A-2 and F; Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Tobacco Use; Canadian CHD Quality Improvement Project)*

- Through 2021, increase number of Certified Health Oklahoma programs.

## Strengths:

- Tobacco Settlement Endowment Trust Wellness (TSET) Grant.
- Dedicated tobacco cessation staff funded by TSET Wellness Grant.
- Certified Healthy Oklahoma program that includes smoke-free policy requirements for qualification.

## Weaknesses:

- Timely and relevant data for tobacco issues other than adult smoking (i.e., youth smoking, smokeless tobacco, e-cigarettes)

## Opportunities:

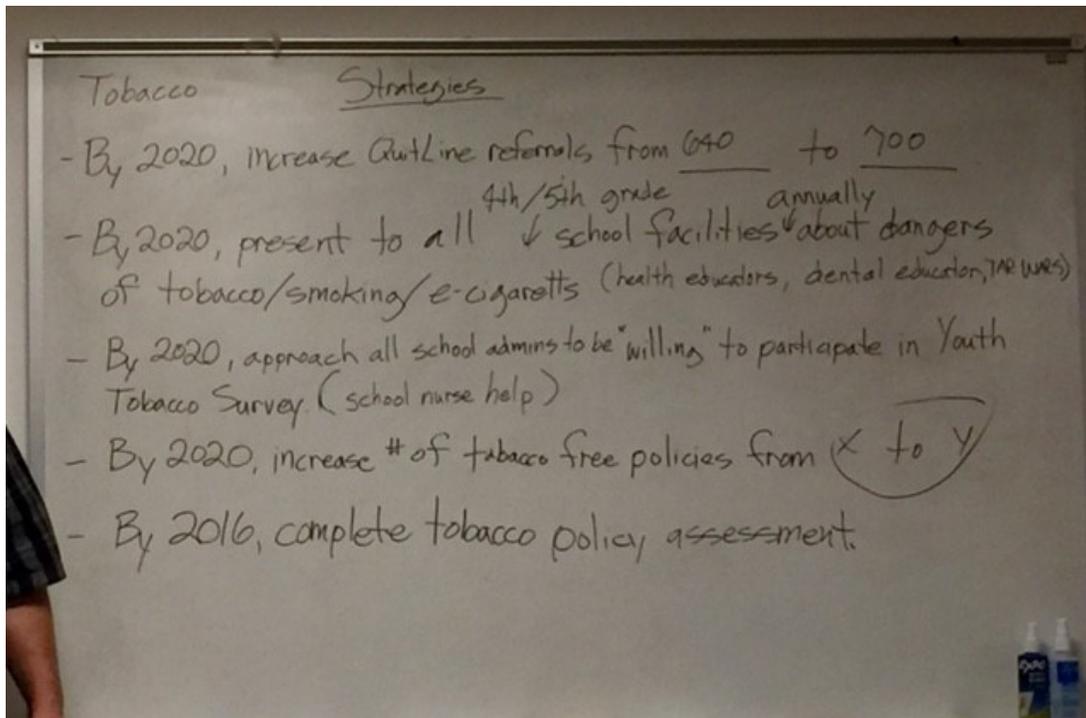
- Canadian County Coalition for Children & Families adopted tobacco prevention as a part of its Community Health Improvement Plan
- Municipalities and school districts willing to implement smoke-free policies.
- Legislative efforts to restore tobacco control to local communities.

## Threats:

- Accessing TSET endowment for other state budget uses.
- Tobacco lobby.
- Increased use of e-cigarettes.

## Key support functions required

|                             |  |
|-----------------------------|--|
| Information Management:     | Need timely and relevant data for youth tobacco use, smokeless tobacco use, and e-cigarette use. |
| Workforce Development:      | No issues identified.  |
| Communication and Branding: | No issues identified.  |
| Financial Sustainability:   | Negative impact from possible raiding of TSET endowment for other state budget functions.        |



# Appendix A - Version History

Version numbering is as follows:

- Initial version is 1.0
- Subsequent minor changes will increase the version number by 0.1
- Subsequent major changes will increase the version number by 1.0

| Version Number | Change Request Number (if applicable) | Accepted Date | Author        | Summary of Change                |
|----------------|---------------------------------------|---------------|---------------|----------------------------------|
| 1.0            |                                       | 1/13/2016     | Mikeal Murray | Original version                 |
| 2.0            |                                       | 1/9/2017      | Mikeal Murray | Addition of First Annual Report  |
| 3.0            |                                       | 1/11/2018     | Mikeal Murray | Addition of Second Annual Report |
| 4.0            |                                       | 1/7/2019      | Mikeal Murray | Addition of Third Annual Report  |
| 5.0            |                                       | 1/17/2020     | Mikeal Murray | Addition of Fourth Annual Report |
| 5.1            |                                       | 6/24/2020     | Mikeal Murray | Added Supplemental One and Two   |
|                |                                       |               |               |                                  |
|                |                                       |               |               |                                  |
|                |                                       |               |               |                                  |
|                |                                       |               |               |                                  |

# Appendix B - SWOT Analysis

The SPT conducted an analysis of the Canadian County Health Department's strengths, weaknesses, opportunities, and threats (SWOT). Using brainstorming techniques and group discussion, the SPT came up with the characteristics demonstrated in the flipchart photo below:

Office DEPOT

Strength

| <u>SWOT</u>     |                  | (+)<br>Helpful   | (-)<br>Harmful   |
|-----------------|------------------|--|--|
| <u>Internal</u> | <u>Strengths</u> | Staff - Customer Service<br>Communication systems<br>Facilities<br>Full slate of programs<br>Tax base<br>Resources<br>Coalition (TSET) | <u>Weaknesses</u><br>Policy<br>Communication - sharing<br>Implement before ready<br>Technology<br>Decentralized IT<br>Timely data<br>Dual-office<br>Training - generic, not specific |
|                 | <u>External</u>  | <u>Opportunities</u><br>Tax base<br>Community partners<br>Coalition<br>City relations<br>Customer service<br>Legislature<br>Policy     | <u>Threats</u><br>County population growth<br>Technology<br>Community perception<br>Jurisdiction - otc<br>Legislature (teacher raises)<br>Policy                                     |

During the development of strategic issue objectives and strategies, these basic characteristics were more specifically defined in relation to the specific strategic issue.

# First Annual Report

## Issue One

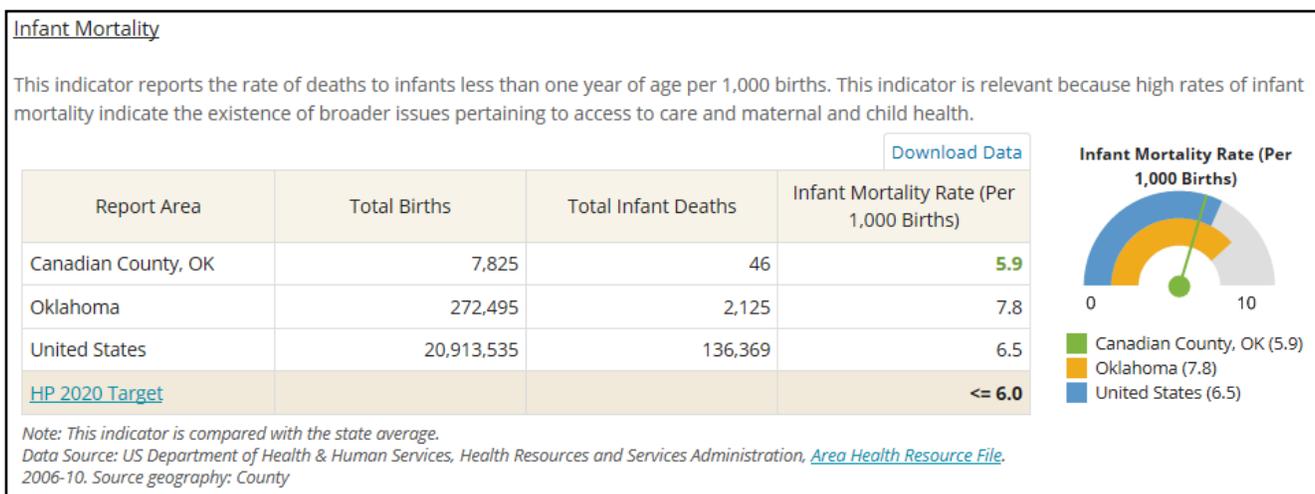
### Child Health

#### Objectives:

- **By 2021, decrease infant mortality rate from 5.4 per 1,000 to 4. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The infant mortality rate was 6.0 per 1,000 live births. This was a 11% increase for this indicator but was still under the state rate of 7.4.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated infant mortality at 5.9 per 1,000 live births. This finished in the “green” of this report’s dashboard indicator.



The 2016 County Health Rankings & Roadmaps indicated an infant mortality rate of 6.0 per 1,000 live births. This report further indicated the rate for the Top U.S. Performers (the 90th percentile) at 5.0.

- **By 2021, decrease the teen fertility rate from 13.9 per 1,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The teen birth rate for girls ages 15-17 was 11.8 per 1,000. This was a 15% improvement and is approximately half way to the measure’s performance objective.

The 2016 County Health Rankings & Roadmaps reported a teen birth rate for girls ages 15-19 as 32 per 1,000 live births, essentially the same as the 2015's report of 33. This was identified as an "area of strength" for Canadian County.

The CDC's 2015 Community Health Status Indicators reported a teen birth rate for girls ages 15-19 as 33.4 per 1,000. This finished in the moderate, or middle two quartiles, of this report's dashboard indicator.

- **By 2021, improve the combined (4:3:1:3:3:1:4) vaccine series completion rate for children from 62.4% to 73.3%. (State rate in 2014 as reported by CDC) (As reported by the Oklahoma State Department of Health, Prevention & Preparedness Services Division, Immunization Service)**

At the time of this report, this data was not available.

- **By 2021, decrease the low birth weight rate from 7.6% to 5.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The low birth weight rate was 6.9%. This was a 9% improvement.

- **By 2021, decrease unintentional injury mortality rate for ages 19 and under from 14.7 per 100,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013 to 2015)**

The rate for this measure was 11.6 per 1,000. This was a 21% improvement and approaches the performance objective for this measure.

# Obesity Prevention

### Objectives:

- **By 2021, decrease adult obesity rate from 31.7% to 27.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult obesity rate was 32.9%. This was a 4% increase.

- **By 2021, decrease the rate of reported minimal fruit consumption (<1/day) from 50.3% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 51.8%. This was a 3% increase in the number of residents reporting they do not eat at least one piece of fruit each day.

- **By 2021, decrease the rate of reported minimal vegetable consumption (<1/day) from 24.9% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 25.3%. This was a 2% increase in the number of residents reporting they do not eat at least one vegetable serving each day.

- **By 2021, decrease the rate of reported "no physical activity" from 26.9% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 36.0%. This was a 34% increase in the number of residents reporting they do not participate in any physical activity.

# Tobacco Prevention

### Objectives:

- **By 2021, decrease the adult smoking rate from 21.1% to 19%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult smoking prevalence was 18.3%. This was a 13% improvement and meets the performance objective for this measure.

- **By 2021, decrease Youth 30 Day Cigarette Use rate among high school seniors from 22.1% to 16.3%. (State rate in 2014 Oklahoma Prevention Needs Assessment) (As reported by the Oklahoma Prevention Needs Assessment).**

According to the 2016 Oklahoma Prevention Needs Assessment Survey published by the Oklahoma Department of Mental Health and Substance Abuse Services, the rate for this measure was 15.0%. This was a 32% improvement and meets the performance objective for this measure.

# Summary

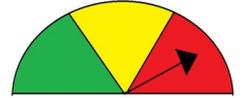
## Child Health

Infant mortality rate increased. However, it was still below the state rate. Teen fertility, low birth weight and unintentional injury mortality all improved. Children's combined vaccine series rate could not be reported.



## Obesity Prevention

Every performance objective in this strategic issue was worse.



## Tobacco Prevention

Every performance objective in this strategic issue was accomplished.



# Second Annual Report

## Issue One

### Child Health

#### Objectives:

- **By 2021, decrease infant mortality rate from 5.4 per 1,000 to 4. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The infant mortality rate was 5.7 per 1,000 live births. This was a 5% improvement.

- **By 2021, decrease the teen fertility rate from 13.9 per 1,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The teen birth rate for girls ages 15-17 was 9.7 per 1,000. This was a 18% improvement and meets the performance objective for this measure.

- **By 2021, improve the combined (4:3:1:3:3:1:4) vaccine series completion rate for children from 62.4% to 73.3%. (State rate in 2014 as reported by CDC) (As reported by the Oklahoma State Department of Health, Prevention & Preparedness Services Division, Immunization Service)**

At the time of this report, this data was not available.

- **By 2021, decrease the low birth weight rate from 7.6% to 5.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The low birth weight rate was 5.9%. This was a 14% improvement and approaches the performance objective for this measure.

- **By 2021, decrease unintentional injury mortality rate for ages 19 and under from 14.7 per 100,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013 to 2015)**

The rate for this measure was 12.2 per 1,000. This was a 5% increase from last year and represents a setback.

# Obesity Prevention

### Objectives:

- **By 2021, decrease adult obesity rate from 31.7% to 27.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult obesity rate was 32.6%. This was a 1% improvement; essentially unchanged.

- **By 2021, decrease the rate of reported minimal fruit consumption (<1/day) from 50.3% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

- **By 2021, decrease the rate of reported minimal vegetable consumption (<1/day) from 24.9% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

- **By 2021, decrease the rate of reported "no physical activity" from 26.9% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 29.9%. This was a 19% improvement.

# Tobacco Prevention

### Objectives:

- **By 2021, decrease the adult smoking rate from 21.1% to 19%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult smoking prevalence was 14.9%. This was a 19% improvement and continues to exceed the performance objective for this measure.

- **By 2021, decrease Youth 30 Day Cigarette Use rate among high school seniors from 22.1% to 16.3%. (State rate in 2014 Oklahoma Prevention Needs Assessment) (As reported by the Oklahoma Prevention Needs Assessment).**

At the time of this report, there was no new data available.

# Summary

## Child Health



Infant mortality rate increased for the second straight year. Unintentional injury mortality rate also increased. Children's combined vaccine series rate still could not be reported.

## Obesity Prevention



Adult obesity rate remained the same. The rate of "no physical activity" improved. But there was no data to report for fruit and vegetable consumption.

## Tobacco Prevention



Adult smoking prevalence continues to decrease. Furthermore, Canadian County's rate is 26% better than the state rate of 20.1% and is 13% better than the national rate of 17.08%.

# Third Annual Report

## Issue One

### Child Health

#### Objectives:

- **By 2021, decrease infant mortality rate from 5.4 per 1,000 to 4. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The infant mortality rate was 5.3 per 1,000 live births. This was a 7% improvement and returns us essentially to where we started.

- **By 2021, decrease the teen fertility rate from 13.9 per 1,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The teen birth rate for girls ages 15-17 was 9.9 per 1,000. This was a 2% increase but still meets the performance objective for this measure.

- **By 2021, improve the combined (4:3:1:3:3:1:4) vaccine series completion rate for children from 62.4% to 73.3%. (State rate in 2014 as reported by CDC) (As reported by the Oklahoma State Department of Health, Prevention & Preparedness Services Division, Immunization Service)**

OSDH Immunization Service does not provide immunization rates by county.

- **By 2021, decrease the low birth weight rate from 7.6% to 5.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The low birth weight rate was 6.4%. This was an 8% increase.

- **By 2021, decrease unintentional injury mortality rate for ages 19 and under from 14.7 per 100,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013 to 2015)**

The rate for this measure was 7.7 per 1,000. This was a 37% improvement and meets the performance objective for this measure.

# Obesity Prevention

### Objectives:

- **By 2021, decrease adult obesity rate from 31.7% to 27.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult obesity rate was 37.0%. This was a 13% increase.

- **By 2021, decrease the rate of reported minimal fruit consumption (<1/day) from 50.3% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 41.9%. This was a 19% improvement from the rate reported in the First Annual Report.

- **By 2021, decrease the rate of reported minimal vegetable consumption (<1/day) from 24.9% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 16.3%. This was a 36% improvement from the rate reported in the First Annual Report and meets the performance objective for this measure.

- **By 2021, decrease the rate of reported "no physical activity" from 26.9% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate for this measure was 31.9%. This was a 6% increase.

# Tobacco Prevention

### Objectives:

- **By 2021, decrease the adult smoking rate from 21.1% to 19%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult smoking prevalence was 13.5%. This was a 9% improvement and continues to exceed the performance objective for this measure.

- **By 2021, decrease Youth 30 Day Cigarette Use rate among high school seniors from 22.1% to 16.3%. (State rate in 2014 Oklahoma Prevention Needs Assessment) (As reported by the Oklahoma Prevention Needs Assessment).**

At the time of this report, new data was not available.

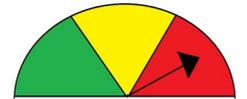
# Summary

## Child Health



The infant mortality rate reversed its trend for the better and has essentially returned to where it began. The teen fertility rate increased slightly but still meets the performance objective. The rate of unintentional injury mortality improved significantly and meets the performance objective.

## Obesity Prevention



The adult obesity rate continues to climb. Fruit and vegetable consumption improved but physical activity rates worsened again.

## Tobacco Prevention



Adult smoking prevalence continues to decrease.

# Fourth Annual Report

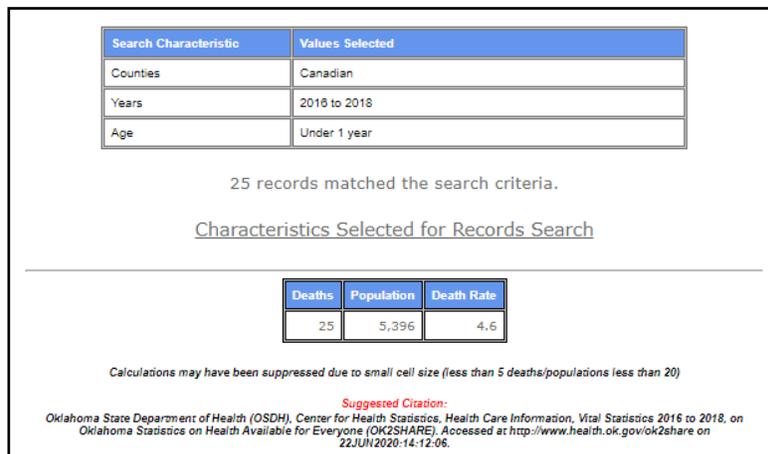
## Issue One

### Child Health

#### Objectives:

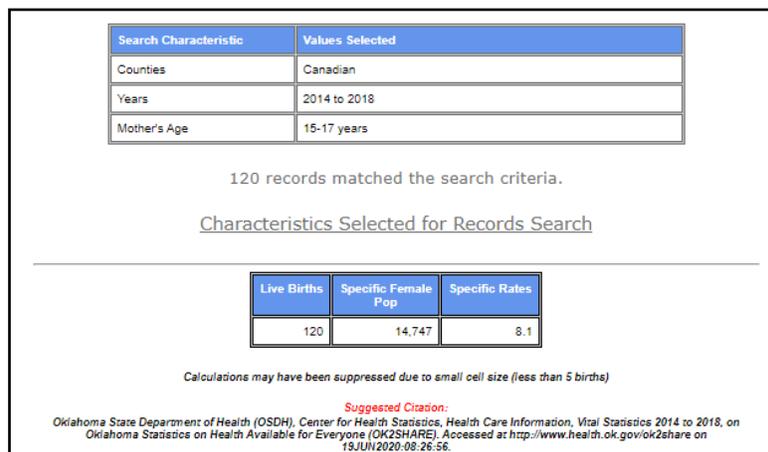
- By 2021, decrease infant mortality rate from 5.4 per 1,000 to 4. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

The infant mortality rate was 4.6 per 1,000 live births. This was a 7% improvement and demonstrates the first progress we have seen towards our performance objective.



- By 2021, decrease the teen fertility rate from 13.9 per 1,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

The teen birth rate for girls ages 15-17 was 8.1 per 1,000. This was an 18% improvement and further meets the performance objective for this measure.



- **By 2021, improve the combined (4:3:1:3:3:1:4) vaccine series completion rate for children from 62.4% to 73.3%. (State rate in 2014 as reported by CDC) (As reported by the Oklahoma State Department of Health, Prevention & Preparedness Services Division, Immunization Service)**

OSDH Immunization Service does not provide immunization rates by county.

- **By 2021, decrease the low birth weight rate from 7.6% to 5.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)**

The low birth weight rate was 6.8%. This was a 6% increase.

- **By 2021, decrease unintentional injury mortality rate for ages 19 and under from 14.7 per 100,000 to 10. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013 to 2015)**

The rate for this measure was 10.9 per 1,000. This was a 42% increase and moves us out of meeting the performance objective.

| Search Characteristic | Values Selected   |
|-----------------------|---|
| Counties              | Canadian  |
| Years                 | 2016 to 2018  |
| Age                   | Under 1 year, 1-4 years, 5-9 years, 10-14 years, 15-17 years, 18-19 years |
| Cause of Death        | Accidents (unintentional injuries)  |

13 records matched the search criteria.

[Characteristics Selected for Records Search](#)

---

| Deaths | Population | Death Rate |
|--------|------------|------------|
| 13     | 119,472    | 10.9       |

Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)

**Suggested Citation:**  
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2016 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 23JUN2020:09:54:35.

# Obesity Prevention

### Objectives:

- **By 2021, decrease adult obesity rate from 31.7% to 27.0%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

- **By 2021, decrease the rate of reported minimal fruit consumption (<1/day) from 50.3% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

- **By 2021, decrease the rate of reported minimal vegetable consumption (<1/day) from 24.9% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

- **By 2021, decrease the rate of reported "no physical activity" from 26.9% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

# Tobacco Prevention

### Objectives:

- **By 2021, decrease the adult smoking rate from 21.1% to 19%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, new data was not available.

- **By 2021, decrease Youth 30 Day Cigarette Use rate among high school seniors from 22.1% to 16.3%. (State rate in 2014 Oklahoma Prevention Needs Assessment) (As reported by the Oklahoma Prevention Needs Assessment).**

According to the 2018 Oklahoma Prevention Needs Assessment, the rate for this measure was 14.0%. This was a 6.6% improvement and continues to meet the performance objective for this measure.

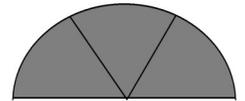
# Summary

## Child Health



The indicators for this measure were split between improvements and regressions. The improvements in infant mortality and teen fertility are very encouraging. However, the large jump in unintentional injury mortality took us out of meeting a performance objective.

## Obesity Prevention



All of these indicators come from BRFSS data. OSDH provides these indicators by county in its State of the State's Health Report; last updated February 26, 2019 and reported in the Third Annual Report. BRFSS data is available on the OSDH OK2SHARE data portal by region only. Therefore, new Canadian County data was not available.

## Tobacco Prevention



The adult smoking prevalence indicator also comes from BRFSS data. Everything said about Obesity Prevention above also applies to this indicator. However, the continued improvement in Youth 30 Day Cigarette Use is encouraging. This may help reduce adult smoking prevalence in the future.

# Supplemental One

## COVID-19 Pandemic

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, the capital of China's Hubei Province. It spread globally, resulting in a coronavirus pandemic. Symptoms include fever, cough, and shortness of breath. While roughly 80% of cases report mild symptoms, some progress into severe pneumonia and multi-organ failure, potentially leading to death. Data indicates the risk of death for those contracting COVID-19 notably increases for individuals above the age of 60 or for individuals with autoimmune conditions. On January 11, 2020, the first cases in the United States tested positive for COVID-19. The first case in Oklahoma was confirmed March 6, 2020.

On March 12th, Governor Kevin Stitt issued Executive Order 2020-06 directing all state agencies to take steps necessary to protect vulnerable populations. On March 15th, Governor Stitt issued Executive Order 2020-07 declaring a state of emergency due to the impending threat of COVID-19. The State Emergency Operations Plan was activated, and resources of all state agencies and departments available to meet the emergency were committed to protect the health and safety of the public.

A number of mitigation practices were recommended that included, but were not limited to:

- If you or any member of your family feels sick, stay home and contact your medical provider.
- If you test positive for COVID-19, keep the entire household at home and contact your medical provider.
- If you are older, or have serious underlying health conditions that can put you at increased risk, stay home and away from other people.
- Stay home if possible. Telework and/or tele-school if you can.
- Avoid social gatherings in groups of more than 10 people. Maintain social distancing of at least six feet.
- Avoid discretionary travel, shopping trips, and social visits.
- Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
- Practice good hygiene and wash hands, especially after touching any frequently used item or surface, avoid touching your face, sneeze or cough into a tissue or inside your elbow, and disinfect frequently used items and surfaces as much as possible.

The COVID-19 pandemic has significantly effected day-to-day operations of every aspect of life, including the efforts of each of our Coalition partners. We cannot know how long this will last, nor can we predict the impact it will have on our organizations and their missions. The best we can do at this moment is to promote the public's health by individually and collectively practicing the social mitigation recommendations, keep ourselves healthy, and prevent the spread of the virus until we are able to exercise some level of control.

# Supplemental Two

## Healthy Living Program 2.0 Grant

On May 19, 2020, the Board of Directors for the Oklahoma Tobacco Settlement and Endowment Trust (TSET) awarded nearly \$7 million to 35 organizations serving 37 counties through the TSET Healthy Living Program 2.0 program. The new grant program will begin July 1.

“The second generation of TSET Healthy Living Program takes a comprehensive, community approach to health and looks for ways for targeted high-impact interventions,” said TSET Executive Director Julie Bisbee. “This initiative builds on years of success through multiple community based programs funded by TSET. It places a laser focus on communities with the greatest need.”

The five-year grants, renewable annually, will support communities in developing strategies, programs and policies to improve health by preventing or reducing tobacco use, improving nutrition, and increasing physical activity in an effort to decrease premature death in Oklahoma. The program prioritizes work in communities where health risk factors - tobacco use, poor nutrition and sedentary lifestyle - are among the highest.

Recipients of the TSET Healthy Living Program 2.0. included Canadian County Health Department. The program will serve Canadian County. Funding for the first year is \$183,340.

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# Notes:

**Canadian County  
Health Department  
Strategic Plan  
2016 - 2021**

For more information or to get involved, contact:

**Jan Fox**

**Regional Health Director**

**Canadian County Health Department**

**JanF@health.ok.gov**

**(405) 262-0042**

**<http://Canadian.health.ok.gov>**

**Mikeal Murray, MS**

**Accreditation Coordinator**

**Canadian County Health Department**

**mikealm@health.ok.gov**

**(405)262-0042**

**<http://canadian.health.ok.gov>**

Written for the Canadian County Health Department by Mikeal Murray,  
Accreditation Coordinator, Canadian County Health Department